



# MARICOPA POLICE DEPARTMENT VOLUNTEER

## MEMBERSHIP APPLICATION

### PERSONAL PROFILE

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Do you have valid Arizona driver's license? ☐ Yes ☐ No Date of Birth: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Marital Status: ☐ Married ☐ Single ☐ Other \_\_\_\_\_  
If married, name of spouse: \_\_\_\_\_

### EMPLOYMENT: Are you currently employed? (Check all that apply)

☐ Full Time ☐ Part Time ☐ Unemployed ☐ Retired ☐ Student

Current or Previous employer: Company Name \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

### EDUCATION (Check highest level of education)

☐ High School ☐ College or University ☐ Graduate Study

Have you ever attended a police or criminal justice academy? ☐ Yes ☐ No

If yes, where and when? \_\_\_\_\_

Do you speak, read, or write any language other than English? (Including sign language) ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

### SKILLS

COMPUTER: Word Proficiency ☐ None ☐ Minimal ☐ Average ☐ Excellent  
Excel Proficiency ☐ None ☐ Minimal ☐ Average ☐ Excellent

OTHER SKILLS: Please list: \_\_\_\_\_

### REFERENCES (Please list two people that we may contact for character references)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## POSITION APPLYING FOR

☐ Citizens on Patrol    ☐ Administration    ☐ Victim Assistance Provider  
Do you know anyone currently on or volunteering with Maricopa Police Dept?    ☐ Yes    ☐ No  
If yes, name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
  
How did you hear about the program? \_\_\_\_\_

## MILITARY STATUS

Have you ever served in the Military, National Guard or Reserves?    ☐ Yes    ☐ No  
If yes, branch: \_\_\_\_\_ Highest rank obtained: \_\_\_\_\_  
Rank at discharge: \_\_\_\_\_ What type of discharge did you receive? \_\_\_\_\_

Answering Yes to any of the following question is **not** an automatic disqualification

Do you own a weapon?    ☐ Yes    ☐ No    If yes, what type of license? \_\_\_\_\_

Have you ever received a police citation of any kind?    ☐ Yes    ☐ No  
If yes, date: \_\_\_\_\_ Reason: \_\_\_\_\_

Has your license or driving privilege ever been suspended, revoked, or canceled?    ☐ Yes    ☐ No  
If yes, date: \_\_\_\_\_ Location: \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been involved in any civil actions?  
(divorce, bankruptcy, small claims court, lawsuits, etc.)    ☐ Yes    ☐ No  
If yes, explain the circumstances, resolution, or status: \_\_\_\_\_

Have you ever tried an illegal drug or substance?    ☐ Yes    ☐ No  
If yes, please explain: \_\_\_\_\_

Are you still using the illegal drug or substance?    ☐ Yes    ☐ No

If yes, please explain: \_\_\_\_\_

Do you have objections to being fingerprinted? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Do you object to a background check? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Are you willing to volunteer 12 hours per month and 2 hours of mandatory training hours per month? ☐ Yes ☐ No

Availability: ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Shift: ☐ 0600 to 1200 ☐ 1200 to 1800 ☐ 1800 to 2400

Are you willing to volunteer for extra special duty per month? ☐ Yes ☐ No

Are you able to stand for 4 hours at a time? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Are you capable of lifting 30lbs? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Please tell us why you wish to volunteer to become a member of the Maricopa PD Volunteers in Police Services?

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information supplied is correct and true. Furthermore, I am fully aware that any falsification of information will prompt my disqualification.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please submit completed application to:**

**V.I.P.S.  
Maricopa Police Department  
45147 W. Madison Ave.  
Maricopa, AZ 85239  
520 316-6882**

[illegible]